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Fees pursuent to the Conso	Complete if Known					_			
FEE TI	Application Numbe								
for FY 2006				Filing Date	rebruary 1	February 18, 2004			
Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor LUBOMIRSKY					
Applicant claims sn	iali entity s	Talus, See 37 CFR 1.27		Examiner Name	Luan V. Va	ın			
TOTAL AMOUNT OF PAYMENT		(\$) 500.00		Art Unit 1753					
				Attorney Dockat No	. APPM/008	286/PPC/ECP	CKIM		
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account Deposit Account Number: 60-1074/APPM/008266/RWM Deposit Account Name: Applied Materials									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2018									
information and authorizati	inis form ma on on PTC-2	y become put .038.	olic. Credit card in	formation should no	t be included o	n this form. F	rovide cred	it card	
FEE CALCULATION				······································					
1. BASIC FILING, SE	ARCH. AI	ND EXAMIN	NATION FEES	· · · · · · · · · · · · · · · · · · ·					
	SE	ARCH FEES	MINATION	ATION FEES					
Application Type	Eas (t)	Small Ent		Small En	tity	<u>Small</u>	Entity		
Utility	Fee (\$) 300	<u>Fee(\$)</u> 150	<u>Fee</u>		Fee		<u>e(\$)</u>	Fees Paid (\$)	
Design	200	100	500 100	•	200	100	_		
Plant	200	100	300		130	65			
Reissue	300	150	500		160 600	80			
Provisional	200	100	0	~~~	000	300			
2 EVOESS OF AIRS SEED									
Fee Description								mail Entity	
Each claim over 20 (including Reissues)							<u>90 (\$)</u> 50	<u>Fee (\$)</u> 25	
Each independent c				00	100				
Multiple dependent claims <u>Total Claims</u> Extra		Claims Eas/#)		Ean Dail (6)				180	
Total Claims			Fee Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.									ēΣ
Indep, Claims		Claims	Fee(\$)	Fee Paid (\$)		~	~		
3 or HP:		×	=					•	1
HP = highest number of	Independent	claims paid for	r. If greater than 3.						
3. APPLICATION SIZE								•	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fracti	on thereof	. See 35 U	ipplication size S.C. 41/a\/1\/0	tee due is \$250 i 3) and 37 CFR 1.	(\$125 for sm 18/c)	all entity) fo	or each ad	ditional 50	i
Total Sheets	Extra Si	neets N	umber of eacl	additional 50 o	r fraction th	ereof Fe	e (\$) Fo	ee Paid (\$)	
100 = / 50 = (round up to a whole number) x								<u>=</u>	
4. OTHER FEE(S)								ees Pald (\$)	
Non-English Specification, 5130 fee (no small entity discount)									ì
Other (e.g., late filing surcharge): 1402/2402 - Appeal Brief \$500.00									
SUBMITTED BY									
Signature	<u> </u>	7/0	Malents	Registration No. (Attorney/Agent)	25,436	T	Talephane	(713) 623-65	 582
Nama (Print/Type) Robert W. Mulcahy							Data 8	123/2006	
							<u> </u>	<u> </u>	,

This collection of information is required by 37 CFR 1,138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 30 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information Officer, U.S. Patert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.